

Report of the Meeting of the Montana WIC Workgroup (WWG)

Wednesday, April 12, 2017

Introduction

The purpose of the meetings was to guide WIC Program improvements through collaboration between local and state agencies.

The meeting was held on Wednesday, April 12, 2017. The following is a report of the meeting activities.

Participants included:

Kate Girard	DPHHS/WIC Director
Barbara Skoyen	WIC Director, Fort Belknap
Sue Hansen	WIC Director, Beaverhead County
Darcy Hunter	WIC Coordinator, Gallatin County
Deb Fix	WIC Director, Crow
Deb Robinson	WIC CPA, Anaconda/Deerlodge
Dawn Baker	WIC CPA, Teton Region
Gayle Espeseth	WIC Director, Riverstone Health
Nicky Willey	WIC Director, NW CHC
Jeanine Lund	WIC Director, Flathead County
Chris Fogelman	State WIC Nutritionist/Breastfeeding Coordinator
Alex Long	State WIC Outreach Coordinator
Lacy Little	State WIC Nutritionist
Kevin Moore	State WIC Vendor Manager
Alaine Broadaway	State WIC Epidemiologist

Observers:

Kate Devino	WIC Director, Missoula County
Debbie Hirschberg	CPA, Missoula County
Amy Queen	BFPC, Riverstone Health
Jennifer Hert	CPA, Riverstone Health
Sue Schilling	CPA, Teton Region
Shirley Ernst	CPA, Fergus WIC
Teresa Messerman	WIC Director, Ravalli County
Linda Seed	BFPC, Ravalli County
Diana Chase	Aide, Ravalli County
Jody Fortner	CPA, Anaconda/Deerlodge County
Joni Brooks	WIC Director/CPA, Broadwater County/Region
Cassandra Welsh	CPA, Ravalli County

The meeting facilitator, Marybeth Frideres was ill and unable to attend this meeting.

Meeting Notes

Opening Comments

The meeting started at 8:30 a.m. Opening comments were made by Kate Girard, DPHHS WIC Director. Kate welcomed everyone and recapped what a great day we had at the Breastfeeding Learning Collaborative. Kate advised the group that the facilitator would not be able to make it due to illness. After introductions, Kate reviewed the agenda with the group and asked if there were any questions, or any other topics attendees wanted to attempt to address. No one had additional input on the agenda.

Nutrition Assessment Questions

Lacy Little reviewed the task from the last WWG meeting, where nutrition assessment questions were discussed. The goal of the group was to make WIC more participant centered and the group had discussed that some of the questions could have been changed to better meet this goal. After the January meeting the NA questions in current form were sent out to WWG member, and then there was also a request in the newsletter that asked other LA staff to provide any input they had to their WWG representative. There were 3 total responses, 2 people stated that they liked the questions and did not have any changes. One member responded with requests for many of the question sets. The State Nutritionists (Lacy, Chris and Kate) did review all the requests and incorporated some internal updates to draft a new proposed set of questions for each category for review at this WWG meeting.

However, since that time it came up that perhaps a new way to do this would be to completely overhaul the NAQ to incorporate what would be documented in several other areas of the CGS and Mid-Cert guided script (SOAP, nutrition education, goal, referrals). Some more research needs to be done to confirm SPIRIT can be updated to not have these areas set as “required” in order for this to work. With this idea, the State Office (SO) drafted one template example for review, using the pregnancy questions. The group was very interested in streamlining documentation to include everything in one area instead of going through several tabs.

Lacy walked through the pros and cons of this change. For pros she explained that it would save time and reduce documentation in the system, may reduce finding areas as we could better prompt staff to input needed information, you could copy notes from one chart to another when the category is exactly the same. Cons may be that you have to go into a different area to review past notes, or add pertinent follow up information to alert for easy access, and that information that typically loads into the SOAP would not be there (ht, wt, risk codes, referrals, education, etc.). Therefore staff may need to review other areas and be prepared to document on them without this information loaded. Also, this new process would limit nutrition assessment to the CPA and be restricted from aides.

The group walked through the pregnancy questions. General template guidelines the group liked were that it would flow like a SOAP (subjective, objective, assessment, plan), they liked each question to have a “purpose” stated (first) and then a sample question that they could use (or use their own words), they liked that potential risk codes associated with the questions could be noted and added during the process, and that a few questions could have preloaded options easy to click/check (education and referrals for example). The group ran out of time to thoroughly complete one set. The group wanted a sub group to work on the questions between now and next meeting. The State agreed to start a template for each category and send it to the group for this work. The sub-group included Darcy Hunter, Nicky Willey, Gayle Espeseth, Dawn Baker and Deb Fix.

Prescription Forms

Lacy Little introduced this topic. In the last WWG meeting the group discussed the difficulty of the Rx forms, most notably that there were 2 and doctors consistently completed them wrong, and also that they could be formatted to better inform HCPs of which formulas would be approved based on certain dx. The group recommended drafting a couple of samples to review for this meeting, to include one form that had infant on one side and child on the other, or a clean/easy to complete form on one side and a formulary reference on that back.

Lacy completed the task of drafting these 2 examples based on the initial feedback. Kate additionally drafted a 3rd version with the goal of making the Similac 19kcal formulas separate and their indications clear, while using the original template (familiar).

The draft templates were provided to all for review. There was a lot of discussion and the group shifted positions on which one worked best. By the end of the time there was agreement to merge features of several different forms into a new draft. Most members wanted child/woman on one side and infant on the other. Also, a separate box for Similac options (only infant side), as well as any information needing to be filled in on top (name, DOB, length of time, allowable amounts, etc.) so that providers do not miss it. Group members really liked having an explanation of each formula right next to it so the provider can easily select them. There was a suggestion that they be placed in order of availability (at stores) so providers could more easily choose formulas that could be purchased quickly. This was discussed and is not feasible for 2 reasons, first being that availability varies widely across the state, also the purpose is for the provider to choose the formula that the participant needs and we should not be directing that.

The state will work on a new draft and place again on the agenda for the next meeting. We hope to have a new (one) form for the next fiscal year and state plan cycle.

Participant Survey

Jeanine Lund started this session by discussing the internal quality improvement (QI) project that her team has been working on. They used the PDSA model to assess and determine how they would perform a participant survey. They have a goal to increase participation by 400 and want to know why participants are dropping off or not coming in at all. They reviewed questions used by other states and came up with 10 questions that would help answer their questions and address any issues that had with participation.

The group reviewed the 10 questions and made updates to make them applicable statewide, streamline some language and make it easier for participants to select options.

The group discussed how to put this out and who our target was. It was determined that the most reasonable approach would be to use this set internally with existing participants. We would like to have a mixed approach to include paper and electronic. The State agreed to draft the questions and send a certain number out to each agency and code it so it was clear where it came from for tracking purposes while still being anonymous. Additionally, there was a request for some demographic information to be added (age, marital status, education, number of children, etc.). Alaine warned that while this information was great to have (and she LOVES more data), sometimes it lengthens the survey to the point where people would be less likely to complete it. Having 10 questions was already pushing the limits on that.

The group discussed that another survey should be sent to participants who have dropped off within the last year. This could be done on paper with the option to complete it online (link added to website).

Additionally, the State is in the process of contracting with a marketing company who can do additional research. For the upcoming outreach campaign, we will have a pre and post awareness survey that they do. We can add an “arm” of research to include qualitative assessment of Montana potentially eligible or past participants. This research could be phone survey or focus groups. This may be a more long term plan, or roll out a little later than the other surveys.

Customer Service Survey

Alex Long presented data from the State’s customer service survey recently completed. This survey will be sent out annually with the goal of improving satisfaction and creating a more positive relationship between local and state staff. The %s describing satisfaction were discussed for most of the questions and some charts were included. In general, the results were very positive and 108 responses were collected from this survey. There was a slightly

higher response rate and lower overall satisfaction rate among respondents. The most notable change was the increase to 8% in the “dysfunctional” description of the relationship described by respondents. There were also many comments submitted, with several being very negative.

Kate primarily wanted additional feedback on what specifically impacted the overall satisfaction, and led to the 8% dysfunctional rate. Also, the comments this year seemed to be more general and less targeted at a specific incident that may have upset someone. The group discussed but could not really address these questions. Kate asked if an avenue of communication could be funneled through MAWA if local staff did not feel comfortable with directly contacting the state to discuss issues. Gayle felt it was more appropriate to discuss directly with the state, but that MAWA could be a vehicle for communication if there was widespread discontent. Kate agreed to start with a newsletter article asking for staff to contact SO or self directly if there were systemic issues, and further to contact MAWA if they felt it appropriate.

WIC Data

Alaine discussed status of data. The powerpoint has updated data on sets run in previous years (BMI, BF and anemia). We did not review in detail due to limited time. We did discuss new data sets that were requested at the last WWG meeting (prematurity, low birth weight and trimester entry into WIC during pregnancy). Data graphs were reviewed with the group. Discussion about how to share the data. Alaine talked about the way that Family Planning does it, with a roughly 4 page annual report that discusses several data sets and some discussion about the data. This would be more efficient than doing a surveillance report for each data set. The group liked the idea and still wanted to maintain getting individual data for their agencies.

Agenda Topics for Next Meeting

The next meeting will be held in Helena in July. There will be a doodle sent out for members to respond as to best times.

Topics to cover: follow up and approval on Rx forms and Nutrition Assessment Questions; potential follow up on survey strategy (the current participant survey may already be out, but this may focus on past participants or qualitative arm); other outreach strategy (long term planning); discuss direct outreach to potentially eligible Medicaid/SNAP participants (assess ability related to MOU); Website feedback/assessment

Evaluation

Members and Observers were asked for feedback from the day’s session.

Members:

+

6 members said they liked that a lot of observers were present and contributed valuable information

4 members stated that they liked the location (Fairmont) and/or it was nice to piggy back onto another meeting to reduce travel

3 members appreciated that we targeted specific topics that will have a significant impact on clinic flow and staff, liked that it felt like there was real progress

2 members stated that there was a lot of value in the discussions due to a variety of agencies being present (different perspectives, hearing about impact to others)

1 member noted that the vibe was very positive and felt the group was really respectful of varying input and opinions

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9 members felt like it was “too short”, we needed more time to really wrap up important discussions

3 members missed having a facilitator to keep us on track and organized
1 member felt like there was leftover work/lingering issues
1 member missed chocolate with lunch or as a snack

Observers

+ (quotes)

Liked being able to provide input as an observer
Collaborative
Liked variety of agencies represented and participating
Learned a lot (clarifying)
Learned how complex it is to work through certain issues (from non-clinic staff perspective)
Positive interactions
Relevant topics that will really impact them and make a positive difference for participants
Objective of group on target/positive; Same vision/shared goals
Solution-oriented

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A lot (too much) information to process
Too short
Missed facilitator